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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State Arizona		State File No. <u>680</u>	
County <u>Graham</u>				Township <u>Safford</u>		Registered No. <u>66</u>	
City <u>Thatcher</u>				No. _____		Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				Length of residence in city or town where death occurred <u>1</u> yrs. <u>5</u> mos. <u>20</u> ds.		How long in U. S. if of foreign birth? <u>1</u> yrs. <u>5</u> mos. <u>20</u> ds.	
2. FULL NAME <u>Benjamin N. Burnnett</u>				How long in state when death occurred? <u>1</u> yrs. <u>5</u> mos. <u>20</u> ds.			
(a) Residence: No. <u>Thatcher</u>				St. _____ Ward _____		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year) <u>Feb-20th, 1932</u>							
7. AGE		Years		Months		Days	
<u>One</u>		<u>Five</u>		<u>Twenty</u>		If LESS than 1 day, ____ hrs. or ____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____							
10. Date deceased last worked at this occupation (month and year) _____							
11. Total time (years) spent in this occupation _____							
12. BIRTHPLACE (city or town) (state or country) <u>Arizona</u>							
13. NAME <u>Hartley Burnnett</u>							
14. BIRTHPLACE (city or town) (State or country) <u>Oklahoma</u>							
15. MAIDEN NAME <u>Dolores Moody</u>							
16. BIRTHPLACE (city or town) (State or country) <u>Arizona</u>							
17. INFORMANT <u>Hartley Burnnett Thatcher</u> (Address) <u>Thatcher, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thatcher, Arizona</u> Date <u>7/12/</u> , 19 <u>33</u>							
19. UNDERTAKER <u>Orson Tyler</u> (Address) <u>Thatcher, Arizona</u>							
20. Filed <u>Aug-8/</u> , 19 <u>33</u> Registrar <u>J. W. Smith</u> (Address) <u>Safford, Arizona</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>July-10th, 1933</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>July-1st, 1933</u> to <u>July-10th, 1933</u>							
I last saw him alive on <u>July-9th, 1933</u> ; death is said to have occurred on the date stated above, at <u>3:00P</u> am.							
The principal cause of death and related causes of importance were as follows: <u>Acute Indigestion</u>							
<u>Enteritis. Acute</u>							
Other contributory causes of importance: _____							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place. _____							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____ (Signed) <u>H. E. Platt</u> , M. D.							
(Address) <u>Safford, Arizona</u>							

SM 2-3-33 MS-4771

Back of Certificate to be used for any additional information